2010 ELECTION CYCLE

Judicial Candidate
REPORT OF RECEIPTS AND DISBURSEMEN

Delbert Hosemann
SECRETARY OF STATE
CETVE

OCT 2 6 2010

Campaign Finance
Secretary of State

2010 Judicial Election Name of Candidate DATE STAMP Email Address Y doct @ bell South. net Office Sought Check here if above is different from previous report October 26, 2010 Pre-Election Report (October 1, 2010, through October 23, 2010)......Mandatory November 16, 2010 Pre-Runoff Report (October 24, 2010, through No rember 13, 2010)......Runoff Candidates Termination Report (Candidate will no longer accept contributions or it ake Required to terminate reporting obligations campaign expenditures and has no outstanding campaign debt obligation)

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contril: utions and expenditures during this period.
- Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (III).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + No	n-itemized =		This Period		Calendar Year-To-Date
Total amount of contributions	\$ -+5	0	\$		\$	0
Total amount of disbursements	\$3,000 +\$	0	\$	()	\$	3130.00
Total amount of cash on hand	7		\$			
I certify that have examined the	to report and to the	ne best of my	knowie	edge at d belief it	s true, a	occurate, and complete.
Signature of Candidate				Date /		

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-81° and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, mutil-county and all legislative offices aboutd return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fex to 601-359-1499 or 601-576-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Cir &

2010 ELECTION CYCLE					Delbert Ho SECRETARY	
	Political C	-C 800	OFFACAL	re [
	REPORT OF RECEIPTS /	cial Election	SEIVIEIN	15		
1	الم الم	CICI		7		
Name of Committee	ogloct Cathena funi	5-Cutroly	ency Cor	10		
Address P.O. B	0x467-8hmw-MS-3	8773		_		
Telephone 1062	-754-244 Fax 60	5-754-2	414	_	DATE:	Strawa
Treasurer Kore	Qendy Email r	dKat Pbeli	south. M	et		
Check here i	if above is different from previous report					
		E OF REPORT				
	eriodic Report (January 1, 2010, thro					
	Periodic Report (May 1, 2010, throug					
	riodic Report (June 1, 2010, through					
	09 Periodic Report (July 1, 2010, thro					
	10 Pre-Election Report (October 1, 2					
November 16, 2	2010 Pre-Runoff Report (October 24,	2010, through No	vember 13,	2010)	Runoff C	andidates
	11 Periodic Report (October 1, 2010,	*			l to terminate r	
remination ke	port (Candidate will no longer accept co expenditures and has no outstandin		. adminipulari	obligatio		operang
12						
(1) Pre-Election reports	s are mandatory, even if no contribution rt indicating "0" (Zero) for total amount	IRTANT as or expenditures of reported contrib	nave occurre	ed. In sue expendite	ch case, the ca	ndidate s period,
(2) Until a Candidate fl Ann. § 23-15-807 (b	ies a Termination Report, annual and po	eriodic reports mu	t still be filed	l in acco	rdance with M	iss. Code
falls on a weekend	ority must be in actual receipt of the req or a holiday, the office must be in actua lline. Faxed reports are acceptable.	uired reports by 5 : I receipt of the rec	00 p.m. on th nired reports	e report by 6:00	ing day. If the p.m. on the fin	deadline st working
		TIONS AND D	COURCE	ACAPTO		
	REPORTED CONTRIBUTION Itemized + Non-itemized		Period	NENIS	Calendar Year-To-Da	
Total amount of conti	ributions \$ 1200.00+\$50.00	\$ 12	50.W	\$	8322	70
Total amount of disb	irsements \$2018 ²⁵ +\$391.5	s 240	7.75	\$	6012.	15
Total amount of cash	on hand	\$ 230	9.95			
I certify that I have e.	xamined this report and to the best o	my knowledge a	d belief it is	— s true, ac -26-		ompłete.
Signature of	Director or Treasurer		Date			
	de Ann. \$23-15-801 (1972) et. seq. for statutory		t ame donattic ac	ar fallura i	o automit vallel	code chall

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Z. Candidates for countywide and county district offices should return forms to their county Circuit Cit. 16.

Fax

Name of Candidate or Committee Reporting period	Henry Jums Cute Jal through 10/23/41) MIZED RECE	0	of

Date Mo., Day, Year)	Amount of each receipt this period
10115110	
	\$ 200,00
	\$
	\$
11	\$
Aggregate year-to-date	\$ 200,00
Date (Mo., Day, Year)	Amount of each receipt this period
10,15,10	\$ 250,00
	\$
	\$
	\$
Aggregate year-to-date	\$ 250,00
Date (Mo., Day, Year)	Amount of each receipt this period
10,20,10	\$250,00
	\$
	\$
	\$
Aggregate year-to-date	\$500,00
Date (Mo., Day, Year)	Amount of each receipt this period
1011110	\$500,00
	\$
''_	\$
''_	\$
Aggregate year-to-date	\$500.00
	Date Mo., Day, Year) Date Mo., Day, Year) Date Mo., Day, Year)

	A Page of_
Name of Candidate or Committee	Cuthene Jums-GAA - Judge
Reporting period 10/1/10	
reporting period	

ITEMIZED DISBURSIEMENTS

A FMI name Amite Signa	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address East Ractroad Age. City, State, Zip Code	10,1,10	s 190.00
Independence, LA 70443	_'_'_	S
Purpose of Disburs ment (Optional)	Aggregate Year-to-date	\$ 2412.75
B. Full name Vi Sual Designs	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 501 LAMAN Street	10,14,10	\$ 205.00
City, State, Zip Rode (e reenwood, MS	_'_'_	s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 665.00
C. Full name Bolivan Communial	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 821 North Chrisman	10,11,10	\$ 300.00
City, State, Zip Code Clevelind, MS 38732	_/_/_	S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$591.00
D. Full name Cuble One	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 221 South Shape Are Claudano	10,19,10	5 964 as
City, State, Zip Cotie	_'_'_	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$964. w
E. Full name WXVT-IS	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 3015 Egst Reed Rock. Greenly MS	MIGITO	\$ 359.25
City, State, Zip Code	_'-'-	S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 359, 25
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Address	_/_/_	S
City, State, Zip Code	_'_'_	\$
Purpose of Disbursement (Optional)	Aggregate	5